

BQA Quarterly Information Update

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Bureau of
Quality Assurance

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New Section Chiefs

The Bureau of Quality Assurance is pleased to announce the hiring of Cremear Mims as the new Health Services Section Chief, and Paul Peshek as the new Resident Care Review Section Chief. Both began serving in their new roles in March 2006.

Cremear Mims is a fifteen-year employee of BQA in the Health Services Section. She started as a Nursing Consultant surveying home health agencies, hospices, and hospitals. In 2002 Cremear became the HFS Supervisor of the Southern Region Health Care Regulatory Unit (comprised of nursing consultants and professional engineers). During her tenure as HFS Supervisor, Cremear participated in the Wisconsin Women in Government program, and was selected to participate in the Enterprise Leadership Academy. Cremear holds a Bachelor of Science Degree in nursing, and worked in hospital medical, surgical, and intensive care units prior to her employment with BQA.

Paul Peshek has been with BQA since 2003. He started as a Regional Field Operations Supervisor in the Southern Regional Office, and subsequently served in that capacity in the Northeastern and Southeastern Regional Offices as well. Paul previously served as an Administrative Policy

Advisor for the former Division of Care and Treatment Facilities. Prior to his employment with the State of Wisconsin, Paul held a variety of supervisory and administrative positions in long term care and community settings, including nursing home administrator, health facilities administrator, Qualified Mental Retardation Professional (QMRP), and certified nursing assistant. Paul holds a degree in Health Care Administration and currently sits on the Nursing Home Examiners Board for the Department of Regulation and Licensing.

We hope that you will welcome both Cremear and Paul in their new roles.

FOCUS 2006 Conference

The Wisconsin Department of Health and Family Services is pleased to announce the 6th Annual Conference for health care providers and the Bureau of Quality Assurance Staff. The conference is August 29th and 30th, 2006, at the Radisson Paper Valley Hotel in Appleton, Wisconsin.



The pre-conference on August 29, 2006 is titled “Sexual Abuse of Vulnerable Adults in Long Term Care: Research Findings and Implications.” The session will feature presentations by Pamela Teaster and Holly Ramsey-Klawnsnik, nationally recognized researchers in the area of sexual abuse. They will identify approaches to prevent victimization, how to effectively investigate cases of alleged resident sexual abuse, and how to support victims of sexual abuse. This presentation is for staff from all health care provider types, and agencies and programs that work with sexual abuse of vulnerable people.

The “FOCUS 2006: Collaborating for Quality-Ideas to Action Conference” will be held on August 30, 2006. The goal of the conference is to provide ideas, information, and strategies on person-directed care and culture change useful to conference participants. Opening remarks will be provided by the Wisconsin Department of Health and Family Services’ Secretary, Helene Nelson, and the federal Center for Medicare and Medicaid Services Director, Thomas Hamilton. A keynote address by Steve Shields, President/CEO of Meadowlark Hills Retirement Community, will include valuable information on his facility’s experience with the implementation of person-directed care. The conference also offers a variety of educational breakout sessions and informational exhibits, as well as opportunities to network with colleagues. This conference is for staff from adult day services, assisted living facilities, facilities Serving People with Developmental Disabilities, nursing homes, and the Bureau of Quality Assurance.

The costs are \$45.00 for the pre conference and \$99.00 for the conference, for a total of \$144.00. Watch your mailbox for the brochure, which will be mailed out the middle of June. Online registration will also be available at that time.

FOCUS 2006 will provide numerous formats to engage all types of learners, a variety of content, and a thought-provoking lineup of presenters. Additional information will be provided on the BQA Internet Training Information site at http://dhfs.wisconsin.gov/rl_DSL/Training/index.htm. You may also call Leann Graffin at (608) 267-1438.

Act 242 – Out-of-State Pharmacies To Obtain WI Licenses

On April 13th, 2006, Wisconsin Act 242 took effect, requiring out-of-state pharmacies that dispense or deliver medications to residents in Wisconsin to have a Wisconsin pharmacy license. Facilities, especially those on Wisconsin borders that contract with a pharmacy in another state, should make their pharmacy aware of this change in Wisconsin law. They should direct the pharmacy to contact the Department of Regulation and Licensing to obtain a license. Further information can be obtained at <http://drl.wi.gov/prof/phao/def.htm>.

New Survey Guides – Home Health, Hospices, Hospitals and Other Non-Long-Term Care Providers

We are pleased to announce new survey guides for non-long-term care providers for use by both BQA survey staff and providers. Providers will gain a clear understanding of how the survey process works and what they can expect.

- Critical Access Hospitals (including Swing Bed CAHs) at http://dhfs.wisconsin.gov/rl_DSL/Hospital/pde3167.pdf.
- Home Health and Hospice Licensure and Certification at http://dhfs.wisconsin.gov/rl_DSL/Providers/pde3075.pdf.
- Hospitals and Other Health Services Providers at http://dhfs.wisconsin.gov/rl_DSL/Providers/pde2033.pdf.

These guides are also available via http://dhfs.wisconsin.gov/rl_DSL - click on the appropriate provider type, then on “Providers.”

BQA Numbered Memos February - April 2006

Memo	Title	Providers Affected
06-002	Variance of Chapter HFS 124, Wisconsin Administrative Code: Authentication of Physician Orders - Effective Date – Immediate	Hospitals
06-003	Life Safety Code Informational Release	Ambulatory Surgical Centers, Facilities Serving People with Developmental Disabilities, Hospices, Hospitals, Nursing Homes
Upcoming Memos:		
“Guidance on Timely Pharmacy Services in the Medicare Part D Environment” (all providers)		
“DHFS 24-Hour Emergency Telephone Hotline for Reporting Public Health & Human Services Emergencies” (all providers)		
“Patient Privacy During Inpatient Psychiatric Treatment” (hospitals, mental health treatment programs)		
“Sharing of Toilet Facilities Between Sexes” (nursing homes)		
“Medication Return, Disposal & Donation” (nursing homes)		
“Approval of the Modular Education Program for Activity Professionals” (nursing homes)		
“Informal Dispute Resolution (IDR) Update” (nursing homes, facilities serving people with developmental disabilities)		
“Resident Medication Regimen & Administrative Review” (CBRFs)		
“Assisted Living Industry, ‘State of the State’” (CBRFs, adult family homes, resident care apartment complexes, adult day care programs)		

Access these memos via http://dhfs.wisconsin.gov/rl_DSL/Publications/BQAnodMems.htm, or from individual providers' publications pages via http://dhfs.wisconsin.gov/rl_DSL/.

The following BQA memo has been **made obsolete**:

- 05-010, “Variance of Chapter HFS 124, Wisconsin Administrative Code: Authentication of Physician Orders - Effective Date – Immediate,” replaced by 06-002.

Waived Tests Replaced on Internet

Entities that have consulted the CLIA Waived Test Sites in the past should take note that we have removed these from the Internet and replaced them with the U.S. Food and Drug Administration “Search CLIA Database” site at www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfCLIA/search.cfm (Center for Devices and Radiological Health). We have replaced the Waived Tests because our lists are not comprehensive, and we do not have the resources to keep it complete and up-to-date. The FDA CLIA database should meet the need for information on laboratory testing materials.

Revised Surveyor Guidance for Long-Term Care Facilities

On March 10, 2006, the Centers for Medicare and Medicaid Services (CMS) issued Survey & Certification Memo 06-11 containing an advance copy of Revised Surveyor Guidance for surveying Quality Assessment and Assurance requirements in long-term care facilities. The new guidance condenses tags F520 and F521 into one tag, F520, and will become effective **June 1, 2006**.

The revised guidance contains interpretive guidelines, an investigative protocol, and guidance for deficiency categorization. The interpretive guidelines provide clarification regarding the following:

- Functions of the Quality Assessment and Assurance Committee;
- Identification of Quality deficiencies;
- Development of Action plans; and
- Implementation of actions plans and correction of identified quality deficiencies.

The investigative protocol explains the objectives and procedures surveyors will follow during their investigation. The deficiency categorization provides guidance in determining the correct level of severity of deficiencies found at tag F520.

On June 1, 2006, a final copy of this new guidance will be available at www.cms.hhs.gov/Transmittals/, and will ultimately be incorporated into Appendix PP of the State Operations Manual.

Caregiver Background Check Pilot

The federal Caregiver Background Check Pilot is now up and running. Newly hired caregivers in Dane, Kenosha, La Crosse, and Shawano counties are now required to complete a fingerprint-based background check. The pilot includes the following long-term care providers: Community Based Residential Facilities with 9 beds and more, Facilities for the Developmentally Disabled/Intermediate Care Facilities for the Mentally Retarded, Home Health Agencies, Hospices, Long-term Care (Swing Bed) Hospitals, Medicaid-funded Personal Care Worker Agencies, and Nursing Homes.

In order to implement the pilot, DHFS entered into strategic partnerships with the Department of Justice (DOJ), the Department of Administration's Division of Gaming (DOG), and Promissor, a private company. The Department of Justice modified their Criminal History Record Check website to allow for the posting of fingerprint-based background check information. Most of the providers included in the pilot had existing accounts with the Department of Justice. They were accustomed to using DOJ's website to run required name-based "Caregiver" background checks. Under the pilot, providers continue to run a name-based background check. If the caregiver passes that check, he/she is sent to be fingerprinted. The results of that fingerprint-based background check are posted on the employer's DOJ account.

DHFS had to establish a process to get the caregiver fingerprinted using the latest electronic fingerprint scanning technology. The Division of Gaming has equipment to fingerprint individuals who work at the state-licensed dog track. The Division also has offices in Dane and Kenosha County. DOG agreed to fingerprint at their state offices at a very reasonable rate, saving the pilot thousands of dollars.

The remaining two pilot counties, La Crosse and Shawano, are being served by Promissor, a private agency. Promissor has an existing contact with the Department of Administration to collect fingerprints for various state agencies, including the Department of Transportation and the Department of Public Instruction. Promissor modified their process to meet the pilot requirements and moved their office from Sparta to La Crosse to be closer to our pilot caregivers.

Although the pilot experienced a few problems the first few weeks, most of the difficulties have been resolved. The pilot runs through September 2007. We expect to have roughly 15,000 caregivers go through the fingerprint-based background check process. Wisconsin's goal is to determine how many people slipped through the name-based background check, but were subsequently caught in the fingerprint-based background check. The U.S. Centers for Medicaid and Medicare Services, which has oversight for the pilot, has hired an evaluator to study the feasibility and effectiveness of a fingerprint-based background check policy.

For more information on the pilot, visit <http://dhfs.wisconsin.gov/caregiver/fedBCpilot.htm>.

Home Health Agencies

- A new Outcome-Based Quality Improvement (OBQI) training tool is available. Developed for CMS by University of Colorado researchers, the web-based tool translates individual agency performance data into performance improvement plans. It's found at www.medqic.org/dcs.
- CMS has revised the Home Health Advance Beneficiary Notice (HHABN) and pertinent instructions. Agencies have until May 31, 2006, to begin using the new form, which has a date of 01/2006 in its lower left hand corner. The form is mandatory after May 31, 2006. CMS has posted the revised HHABN in English and Spanish on its website at www.cms.hhs.gov/BNI/.
- The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed a checklist to help public and private organizations that provide home health services assess and improve their preparedness in responding to pandemic influenza. The checklist and other important information can be found at www.pandemicflu.gov/plan/tab6.html#chklist.

OASIS Changes Effective 6/21/2006

A new version of the OASIS data specifications (Version 1.50) will be implemented June 21, 2006, and incorporates changes that were mandated by the OASIS rule that was published in the Federal Register on December 23, 2005. It also includes several additional changes as described below:

- LOCK_DATE is no longer used and has been replaced with filler in both the body record and the inactivation record.
- The submission requirement for original assessments has been changed. Records must now be submitted within 30 days of the completion date (M0090).
- A new field has been added to accommodate the National Provider ID. This field, NATL_PROV_ID, is in both the header record and in the body record. In Version 1.50 of the data specs, this field is voluntary and may be left blank.
- A new consistency check has been added to the primary diagnosis severity code (M0230_PRIMARY_DIAG_SEVERITY). A warning will now be issued if this field contains a value of "00" (zero). This is only a warning message and will not prevent the record from being accepted.
- New consistency checks have been added to two pressure ulcer fields (M0460 and M0464).
- New consistency checks have been added to the stasis ulcer fields (M0468 through M0476).
- New consistency checks have been added to the surgical wound fields (M0482 through M0488).

- A consistency check between M0012_MEDICAID_ID in the body record, and ST_ID in the header record, has been changed from a fatal message to a warning message. This has been done to make the submission process easier for agencies with branches in more than one state.
- A new value ("01.50") has been added to VERSION_CD2 to accommodate the new version of the data specs.

Home health agencies should contact their OASIS software vendor to ensure that their software program will be updated to meet the new data specifications. OASIS data specifications, version 1.50, can be viewed and downloaded from the CMS OASIS website at:

www.cms.hhs.gov/OASIS/04_DataSpecifications.asp.

OASIS and HMO/Managed Care Programs

Medicare Programs

Medicare beneficiaries may choose the traditional Medicare fee-for-service program, or they may choose a Medicare Advantage Plan (formerly know as Medicare + Choice Plan). OASIS applies to home health agency skilled patients who have either of these Medicare programs. For patients enrolled in a Medicare Advantage Plan, OASIS item M0150-Current Payment Sources for Home Care, should be coded a 2-Medicare (HMO/managed care), if services during the care will be billed to the Medicare Advantage Plan provider.

Wisconsin Family Care

Family Care is a voluntary long -term care managed care program that is being piloted in several Wisconsin counties. The Department of Health and Family Services (DHFS) contracts with Care Management Organizations (CMOs) that provide or arrange for services in the Family Care benefit package. Family Care is partially supported by Medicaid funding under a CMS approved Medicaid waiver. OASIS applies to home health agency skilled patients who are Family Care members AND who are Medicaid-eligible.

Medicaid-eligible Family Care members receive Wisconsin Medicaid Forward cards. Family Care members who are not eligible for Medicaid will be assigned an identification number, but will not receive Forward cards. However, any members who were previously eligible for Medicaid may still have Forward cards.

Home health agencies may verify Family Care eligibility through an Automated Voice Response (AVR) system by entering the member's identification number. The AVR system is accessed by calling (800) WIS-ELIG (947-3544), or (608) 221-4247. When verifying Family Care eligibility for members who are NOT eligible for Medicaid, the AVR system will state:

1. That the member is enrolled in Family Care;
2. The CMO's telephone number; and
3. "For this period, recipient is eligible only for services provided by the Family Care program. No Medicaid card services are available."

OASIS does not apply to Family Care members who are not Medicaid-eligible and who are not Medicare beneficiaries. For Family Care members who are Medicaid-eligible and who are receiving home health skilled services, OASIS item M0150-Current Payment Sources for Home Care should be coded a 3-Medicaid (traditional fee-for-service), if these services will be billed to the CMO.

Additional information about Family Care can be accessed at the following DHFS website:

<http://dhfs.wisconsin.gov/medicaid2/handbooks/familycare/index.htm>

CMS Webcasts

CMS webcasts produced between January and April, 2006 are listed below. They will be available for one year after the date of release. You may access these webcasts at

<http://cms.internetstreaming.com/>.

Date	Title
1/27/06	Semi-Annual SCG News Magazine Part II - Dealing with Difficult People
2/24/06	Adaptation: Dealing with the Changing Needs and Capabilities, Part I - Maslow's Hierarchy of Needs
3/24/06	Introducing the New Psychosocial Outcome Severity Guide
4/7/06	Nursing Home Journal Volume III: Surveying the Activities Requirements - Introduction of New Activities Guidelines
4/21/06	Adaptation: Dealing with Changing Needs and Capabilities, Part II - Dealing with the Loss of Independence

Extinguisher Recall Program

The U.S. Consumer Product Safety Commission has announced a voluntary recall program of dry chemical fire extinguishers. The fire extinguishers can fail to discharge properly when the trigger is activated, which puts consumers at risk of fire-related injuries. Strike First Corporation of America has received three reports of the fire extinguishers failing to discharge properly when activated. The recall includes the 2.5 lb and 5 lb extinguishers with the following model numbers:

Model Number	Serial Number Range
WBSF-ABC110AP	TC101566 through TC108819
WBSF-ABC210AP	TC114969 through TC135000
	VV822001 through VV832000
	WH161001 through WH167622
WBSF-ABC340AP	TC135894 through TC142345

The serial number is located on the extinguisher's label, below the "UL" mark. The fire extinguishers, manufactured in Canada, are red, and designed for commercial, industrial, multi-

residential, and vehicle applications. They were sold by fire extinguisher dealers nationwide, from December 2002 through April 2004, for between \$13 and \$21.

Consumers with fire extinguishers included in the recall should immediately contact SFC America for information on how to arrange to have their extinguishers repaired. Call SFC America at (800) 255-5515, between 9 a.m. and 5 p.m. ET Monday through Friday, or visit the SFC America Web site at www.strikefirstusa.com/bulletin002.htm.

The U.S. Consumer Product Safety Commission recall information is on the Internet at <https://www.cpsc.gov/cpscpub/prerel/prhtml06/06084.html>.

Emergency Light and Replacement of Roller Latches (Life Safety Code)

We wish to remind all providers subject to the Life Safety Code that the requirements concerning emergency light and the replacement of roller latches were originally published January 10, 2003, in the **Federal Register** (Vol. 68, No. 7, page 1374) as a final rule entitled “Medicare and Medicaid Programs; Fire Safety Requirements for Certain Health Care Facilities.” This regulation adopted the National Fire Protection Association (NFPA) 101 - 2000 edition of the Life Safety Code (LSC), and related changes to the fire safety regulations.

Providers affected include hospitals, nursing homes, intermediate care facilities for persons with mental retardation (ICFs/MR), inpatient hospices, and ambulatory surgical centers.

The above-mentioned regulation, which was effective March 11, 2003, gave facilities until March 13, 2006, to comply with two changes to the requirements. Those requirements included 1) replacing batteries used in emergency lighting, where required, to provide illumination for a minimum of 90 minutes; and 2) replacing roller latches commonly found in corridor doors with a positive latching device.

Additional details are available via the Departments memo DSL-BQA-03-006, on the Internet at http://dhfs.wisconsin.gov/rl_DSL/Publications/03-006.htm.

Relocation Plans – Procedure Change

The Division of Disability and Elder Services (DDES) has changed the procedure for submission of relocation plans as required by Wis. Stat., ch. 50.03. In the past, relocation plans for Nursing Homes, Intermediate Care Facilities for the Mentally Retarded (ICF-MR), and Community Based Resident Facilities (CBRF – 5 beds or more) were required to be submitted to the Bureau of Quality Assurance (BQA). BQA had the primary responsibility for reviewing and approving relocation plans. Effective February 20, 2006, this role has been moved to the Bureau of Long Term Support – Community Options Sections. The new contact for the relocation process is Deb St. Arnould, LTC Closure Coordinator. If your facility is required to submit relocation plan to

the DDES, either voluntarily, or as part of an enforcement action, please submit the relocation plan to:

Deb St. Arnould, LTC Closure Coordinator
1 W. Wilson – Room 450
P.O. Box 7851
Madison, WI 53701-7851
Phone: (608) – 266-9303 - Fax: (608) 267-2913
E-mail: Starnda@dhfs.state.wi.us

Please refer to the Relocation Manual located on the BQA website for additional information:
http://dhfs.wisconsin.gov/rl_DSL/Providers/relocation.htm

Latest CMS Survey & Certification Letters

Listed below are selected Survey and Certification (S&C) Letters distributed by CMS during the last quarter. Titles pertaining only to state agency operations are omitted. If you have questions about individual letters, contact Susan Hespen of BQA at (608) 266-0582, or e-mail hespesj@dhfs.state.wi.us. Please note that the CMS Internet site for all S&C letters has been changed to www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp.

Title	Number	Date
Compliance Date for Installation of Emergency Lighting and Replacement of Existing Roller Latches	06-08	3/10/06
Issuance of Revised Activities Guidance (Tags F248 and F249) as Part of Appendix PP, SOM [nursing homes]	06-09	3/10/06
Issuance of the New Psychosocial Outcome Severity Guide as Part of Appendix P, SOM [nursing homes]	06-10	3/10/06
Issuance of Revised Surveyor Guidance for QAA (Tags F520 and F521) as Part of App PP, SOM	06-11	3/10/06
State Operations Manual (SOM) Chapter 5, Complaints	06-12	3/22/06

New Activities Guidelines

On March 10, 2006, the Centers for Medicare and Medicaid Services (CMS) released an advance copy of the Revised Activities Guidelines. This information was provided in Survey & Certification letter 06-09, entitled “Issuance of Revised Activities Guidance (Tags F248 and F249) Part of Appendix PP, State Operations Manual, and Training Materials.”

The Guidelines describe changes in activity assessments, care plans, and interventions. The areas of focus for the activity assessments include behavior symptoms, cognitive and communication impairments, and impaired mobility. Activity care plans are expected to address these areas, even if the Activities Resident Assessment Protocol (RAP) is not triggered. The new guidelines

address a key change from larger group activities to small group and individualized activities to address the preference of residents. Nursing homes now have a more specific obligation to design activities that appeal to the unique interests of every resident. Activities should be relevant to the specific needs, interests, culture, background, etc., of the individual.

The revised guidelines become effective June 1, 2006. At that time, a final copy of this new guidance will be available at www.cms.hhs.gov/Transmittals/ and ultimately incorporated into Appendix PP of the State Operations Manual.

New Psychosocial Outcome Severity Guide

The Centers for Medicare and Medicaid Services (CMS) released new surveyor guidance for using the Psychosocial Outcome Severity Guide. This information was provided in Survey & Certification letter 06-10, dated March 10, 2006, "Issuance of the New Psychosocial outcome Severity Guide as Part of Appendix P, State Operations Manual, and Training Materials."

The Psychosocial Outcome Severity Guide clarifies when to apply the "reasonable person concept," and provides criteria for determining correct levels of psychosocial outcomes that developed, continued, or worsened because of a facility's noncompliance.

This new guidance becomes effective June 1, 2006. At that time, a final copy of this new guidance will be available at www.cms.hhs.gov/Transmittals/ and ultimately incorporated into Appendix P of the State Operations Manual.

Health Care Facilities Make the "80% Club"

The following was taken from IC Update (first quarter 2006), a newsletter of the Wisconsin Department of Public Health, Bureau of Communicable Diseases and Preparedness:

During the 2005-06 influenza season, the Bureau of Communicable Diseases and Preparedness challenged Wisconsin hospitals and nursing homes to vaccinate at least 80% of their employees against influenza as a way to reduce transmission of influenza virus among their patients and residents. The Bureau is pleased to recognize the following health care organizations that achieved this important goal.

Aurora Medical Center of Manitowoc County,
Two Rivers
Brewster Village, Appleton
Cornell Area Care Center, Cornell
Clairemont Nursing and Rehabilitation, Eau
Claire
Door County Memorial Hospital SNF, Sturgeon
Bay
Fairhaven, Whitewater
Fairview Home, Mauston

Gillett-Woodland Village, Gillett
Grancare, Fond du Lac
Greenway Manor, Spring Green
Hetzel Care Center, Bloomer
Holton Manor, Elkhorn
Lakeview Medical, Rice Lake
Lincoln Village, Racine
Marquardt Memorial Manor, Watertown
Nazareth House, Stoughton

Northpoint Medical & Rehabilitation Center,
Oshkosh
Onalaska Care Center, Onalaska
Oregon Manor, Oregon
Osceola Medical Center, Osceola
Pine Valley Health Care & Rehabilitation
Center, Richland Center
Rennes Health Care Center, Appleton
Rest Haven Health Care Center, Verona

Ridgeview Terrace Long Term Care, Reedsburg
Rusk County Memorial Hospital & Nursing
Home, Ladysmith
Sacred Heart Hospital, Eau Claire
St. Joseph's Hospital, Chippewa Falls
Tomah Health Care Center, Tomah
Williams Baycare Center, Williams Bay
Woodland Village, Suring

Administrative Rules Update

HFS 83 – “Community Based Residential Facilities”

The HFS 83 re-write workgroup has completed the draft of the proposed rules for Chapter HFS 83. The goal of the workgroup was to eliminate excessively prescriptive language and improve readability and organization. The proposed rule clarifies medication administration requirements and revises staff training standards, establishing a more cost effective system for providers. The Rule Summary and draft rule are currently under review by the DHFS Office of Legal Council. For more information, you may view the Statement of Scope of proposed rules on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 124 – “Hospitals”

The Wisconsin Administrative Register published a Statement of Scope of proposed rules to amend Chapter 124 on April 1, 2005. The Department is planning to update Chapter 124 to eliminate overly prescriptive regulations, clarify the Department's enforcement authority, and make the rule more consistent with the federal Medicare requirements. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 132 - “Nursing Homes”

BQA drafted proposed revisions to HFS 132 to eliminate duplicative state regulations that are already contained in other State law or federal nursing home regulations. The intent is to streamline the code by eliminating regulations that provide unnecessary specificity and adopt the applicable federal regulatory language. The proposed rule changes are currently under review by interested stakeholders. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 133 – “Home Health Agencies”

The HFS 133 re-write workgroup, working with the advisory committee, including providers, consumers and association representatives, has completed the draft of the proposed rules for Chapter HFS 133. The goal of the committee was to make the rule consistent with federal regulations and to reflect current terminology and practice. It is anticipated that a final draft of the proposed rule will be submitted to the DHFS Office of Legal Council for review by May 2006. For more information, you may view the Statement of Scope on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

HFS 148 – “Cancer Drug Repository Program”

Working with current participating facilities and members of the original advisory committee, the Department drafted the proposed rule to amend Chapter HFS 148 to include prescription drugs and supplies for chronic disease in addition to cancer drugs. The public hearing was held on April 4, 2006. For additional information, you may view the proposed rule on the Wisconsin Administrative Rules web-site at <http://adminrules.wisconsin.gov>.

For additional information, you may view the BQA Cancer Drug Repository website at <http://dhfs.wisconsin.gov/bqaconsumer/cancerdrugreposy.htm>.